ANNEX A, APPENDIX 7
NOTIFICATION FORMS

To receive copies of the Notification Forms, please contact the Planning section of the Washington State Emergency Management Division

UMCD EMERGENCY NOTIFICATION FORM

(THE CURRENT UMATILLA CHEMICAL DEPOT (UCMD) EMERGENCY NOTIFICATION FORM IS LOCATED BEHIND THIS PAGE, REPLACE AS NECESSARY)

UMATILLA CHEMICAL DEPOT NOTIFICATION FORM

THIS IS: ☐ AN EXERCISE ☐ AN ACTUAL EMERGENCY ☐ INFO ONLY

MESSAGE NUMBER:_____ DATE:_____ TIME:_____

PREPARED BY:_____ RECEIVED BY:_____

1. PURPOSE OF THIS MESSAGE:

a. ☐ Initial Notification
b. ☐ Change in Classification
c. ☐ Status Update
d. ☐ Termination of Emergency

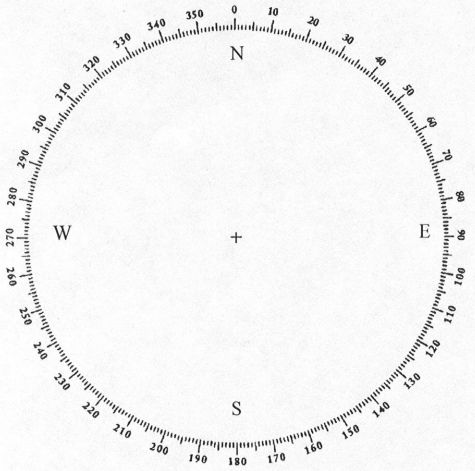
2. EVENT CLASSIFICATION:

a. ☐ Non-Surety Emergency (Category I)*
b. ☐ Limited Area Emergency (Category II)
c. ☐ Post Only Emergency (Category II)
d. ☐ Community Emergency (Category III)
e. ☐ Other

3. UMCD METEOROLOGICAL DATA:

Wind Degrees From:_____Towards:_____

Wind Speed:_____(mph)



4. PROTECTIVE ACTION RECOMMENDATION:

No Action = • • Shelter = **S** Evacuate = **E**
Unshelter = **U**

IRZ:

A:____ B:____ C:____ D:____ E:____
F:____ G:____ H:____ J:____ K:____
M(Columbia River): ____

PAZ:

N:____ P:____ Q:____ R:____ S:____
T:____ U:____ V:____ W:____

5. INITIATING EVENT: (If available)

Event:_____
Munition Type:_____
a. ☐ GB b. ☐ VX c. ☐ HD
d. ☐ Unknown e. ☐ N/A

IF IT IS A COMMUNITY EMERGENCY AND YOU HAVE NO QUESTIONS HANG UP AND BEGIN NOTIFICATION PROCEDURES.

6. ENVIRONMENTAL RELEASE INFO:
(If available)

a. ☐ No Release
b. ☐ In Progress
c. ☐ Begin:_____(24 hour clock)
Ended:_____(24 hour clock)
d. ☐ Unknown e. ☐ N/A

7. LOCATION OF EVENT:(If available)

a. ☐ IGLOO:_____
b. ☐ OTHER:_____
c. ☐ Unknown _____

8. REMARKS

_____
_____
_____
_____
_____
_____
_____
_____

* = Includes Routine Leaker

Revised May 27, 2004

COLUMBIA GENERATING STATION / CLASSIFICATION NOTIFICATION FORM

(THE CURRENT COLUMBIA GENERATING STATION CLASSIFICATION NOTIFICATION FORM (CNF) IS LOCATED BEHIND THIS PAGE, REPLACE AS NECESSARY)

ENERGY NORTHWEST
People · Vision · Solutions

COLUMBIA GENERATING STATION
CLASSIFICATION NOTIFICATION FORM (CNF)

1 **TYPE OF EVENT:** a. ☐ Emergency b. ☐ Drill **2** **NO.:** _____

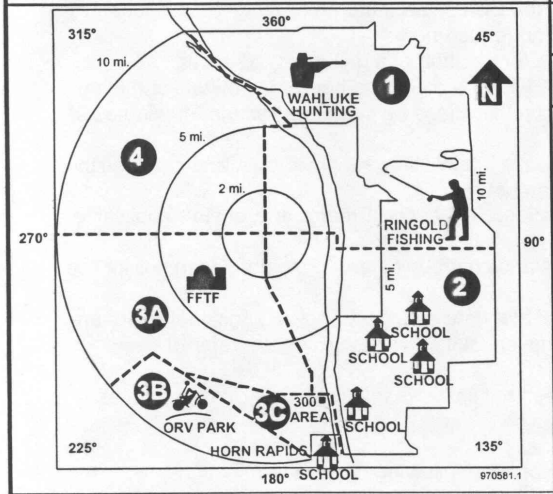
3 **NOTIFICATION PROVIDED BY EMERGENCY DIRECTOR:**

Name (Print) _____

Phone No.: (509) _____

4

	Classification/Status	Date	Time
a. ☐	Initial Classification		
b. ☐	Reclassification		
c. ☐	Termination		
d. ☐	PAR Changes/Additions		
e. ☐	Information		



5 a. ☐ **UNUSUAL EVENT**
No offsite protective actions recommended

5 b. ☐ **ALERT**
No offsite protective actions recommended

5 c. ☐ **SITE AREA EMERGENCY**
Automatic Protective Action Recommendations
EVACUATE:
- Columbia River
- Horn Rapids Recreation Area/ORV Park
- Ringold Fishing Area
- Wahluke Hunting Area
- Schools in EPZ

ENERGY NORTHWEST ACTIONS
- Site Evacuation

5 d. ☐ **GENERAL EMERGENCY**
Automatic Protective Action Recommendations
EVACUATE:
- Columbia River
- Horn Rapids Recreation Area/ORV Park
- Ringold Fishing Area
- Wahluke Hunting Area
- Schools in EPZ

ENERGY NORTHWEST ACTIONS
- Site Evacuation

7 **Meteorological Data:**
Wind Speed (mph) _____
Wind Direction: from _____
Precipitation: ☐ Yes ☐ No
Stability Classification _____

Select the following additional PARs

6 **NOTE: The minimum PAR for General Emergency is Evacuate All Sections 0-2 Miles and 10 Miles Downwind and shelter remaining sections.**

1. **All Sections (0-2 Miles)** ☐ Evacuate
2. **Evacuate (2-10 Miles)**
   ☐ Section 1 ☐ Section 2 ☐ Section 3 (A,B,C) ☐ Section 4
3. **Shelter Remaining Sections (2-10 Miles)**
   ☐ Section 1 ☐ Section 2 ☐ Section 3 (A,B,C) ☐ Section 4
4. **Basis for PARs** ☐ Radiological ☐ Plant
5. **Specific PARs** _____

Offsite Release Information:

8 ☐ No Release ☐ Release Start Time _____

9 ☐ Airborne ☐ Water ☐ N/A

10 ☐ Release Terminated Stop Time _____ ☐ N/A

11 **State criteria met for administering KI** (Information only)
☐ No
☐ Yes ☐ 250 mrem/hr thyroid ☐ 1.4 x 10^{-7} µci/cc 1-131

12 **EAL #**_____

DESCRIPTION OF INCIDENT OR ADDITIONAL INFORMATION: (Please provide enough detail for understanding)

_____

_____

_____

13 **Prognosis of Situation:** a. ☐ Unknown b. ☐ Stable c. ☐ Escalating d. ☐ Improving

14 **EMERGENCY DIRECTOR Approval Signature for release of the CNF:**

Signature:

24075 R19

Completion of Classification Notification Form (CNF)

Completing the form

Block 1. Type of event. For actual emergencies, the block "Emergency" should be checked. During drills or exercises, the block "Drill" should be checked.

Block 2. Classification Form Number. This is a sequential number indicating the order of offsite notifications. The first CNF is #1 followed by #2, etc.

Block 3. Notification provided by. This is the name of the Emergency Director providing the information on the Crash call. Phone number is the number at which the notifier can be contacted.

Block 4. Classification/Statues a-e.
Item a. or b.: The time listed is the time at which the ED declares the emergency classification or upgrade. This time starts the 15-minute notification requirement.
Item c.: A CNF and Crash must be initiated at the termination of a drill or actual event.
Item d. If additional PARs are required after the CNF for the GE has been transmitted, complete this block. The need for additional PARs requires notifications be completed within 15 minutes of the time in the block.
Item e. Periodic information updates such as release information, KI, prognosis, and changes in Met conditions should be provided at least once an hour.

Block 5. Check block for appropriate emergency classification. At General Emergency, ensure applicable PAR information is included.

Block 6. PAR information should be checked for items 1-4 and communicated during the Crash call for the GE. Additional PARs can be added in Item 5.

Block 7. Enter Meteorological data. Following a release, if Met data changes, ensure additional PARs are considered and provide offsite notification. To convert Delta T to stability class, refer to PPM 13.8.1.

Block 8. Enter release information. Provide CNF and Crash notifications to offsite agencies as soon as release criteria has been met.

Block 9. If there is a release, mark it as airborne or water.

Block 10. If there is a release, enter the start time. Enter stop time following release termination.

Block 11. The block with information on the State's criteria for KI is an information notification not a PAR.

Block 12. Enter the EAL number. Provide a short description of the event. Do not use jargon and avoid acronyms.

Block 13. Enter Prognosis of Situation. This is a judgment call primarily relating to the condition of the reactor.

Block 14. Signature block. Ensure the ED has signed the form prior to transmittal to the offsite agencies.

Additional information to consider when completing an CNF

- CNF must be filled out in entirety prior to transmittal to offsite agencies. Transmittal of the CNF should occur prior to initiation of each Crash call. The requirement to complete 15-minute notifications to the offsite agencies should not be delayed if the time needed to complete the form would impact the notification requirement. In cases where the Crash is initiated prior to transmittal, the form should be filled out and transmitted as soon as possible.
- When the Control Room is providing emergency classifications, they will ensure the SCC has received the CNF at which time the SCC will follow up with the offsite agencies to ensure they have received the information. If the SCC is not available, the Control Room Notifier must provide the information block by block to the offsite agencies.
- If the CNF information is being communicated from the EOF or TSC, all information on the form must be verbally communicated. When communicating the CNF information, it must be communicated block by block for each of the blocks.
- If an error on the CNF is recognized during the Crash call, the correction should be noted on the CNF, initialed, and communicated during the Crash call.
- If an error is recognized in block 4, 5, 6, 7, 8, 9, 10 or 11 after the Crash has concluded, a corrected CNF should be completed, transmitted, and followed up with a Crash call.

DOE HANFORD NOTIFICATION FORM

(THE CURRENT UNITED STATES DEPARTMENT OF ENERGY (DOE HANFORD) NOTIFICATION FORM IS LOCATED BEHIND THIS PAGE, REPLACE AS NECESSARY)

RL-F-5540.1
(06/03)

U.S. DEPARTMENT OF ENERGY
HANFORD EMERGENCY NOTIFICATION FORM

No. _____

1 NOTIFICATION PROVIDED BY: Name: _____ Phone: (509) _____

2 AREA AND FACILITY: _____ 3 TYPE EVENT: a. ☐ Emergency b. ☐ Exercise/Drill

4 CLASSIFICATION/STATUS:

a. ☐ Initial Classification b. ☐ Reclassification c. ☐ Termination d. ☐ PAR Change/Addition e. ☐ Information

5 EMERGENCY CLASSIFICATION LEVEL AND OFFSITE PROTECTIVE ACTION RECOMMENDATIONS:

AREA	a. ☐ ALERT	b. ☐ SITE AREA EMERGENCY	c. ☐ GENERAL EMERGENCY
☐ 100	None	Evacuate Columbia River from Vernita Bridge to Leslie Groves Park.	• Evacuate Columbia River from Vernita Bridge to Leslie Groves Park. • Evacuate Section 5, east of Hwy. 24.
☐ 200	None	Evacuate Columbia River from Vernita Bridge to Leslie Groves Park.	• Evacuate Columbia River from Vernita Bridge to Leslie Groves Park. • Evacuate Sections 5, 6, and 7.
☐ 300	None	Evacuate Columbia River from Vernita Bridge to Leslie Groves Park.	• Evacuate Columbia River from Vernita Bridge to Leslie Groves Park. • Evacuate 2.2 mile radius.
☐ 400	None	Evacuate Columbia River from Vernita Bridge to Leslie Groves Park.	Evacuate Columbia River from Vernita Bridge to Leslie Groves Park.
☐ 600	None	None	Evacuate Columbia River from Vernita Bridge to Leslie Groves Park.

6 TYPE OF INCIDENT: *check all that apply*

a. ☐ Fire b. ☐ Explosion c. ☐ Radiological d. ☐ Security e. ☐ Hazardous Materials f. ☐ Electrical g. ☐ Other

EAL No.: DOE-0223, RLEP 1.0, Appendix 1-_____ Table _____

Description of Incident: _____

7 RELEASE TO THE OUTSIDE ENVIRONMENT INFORMATION:

a. ☐ No Release (No indicators)
b. ☐ Unknown (Indicators of possible release, but not confirmed)
c. ☐ Confirmed Release
- Estimated Start Time of Release: _____
☐ Airborne ☐ Spill ☐ to Columbia River
d. ☐ Release Terminated - Time: _____

8 METEOROLOGICAL DATA:

Wind Speed _____ mph
Wind Direction: from _____
Precipitation: ☐ Yes ☐ No
Stability Class:
A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐

9 PROGNOSIS OF SITUATION:

a. ☐ Unknown b. ☐ Stable c. ☐ Escalating d. ☐ Improving

FOR EOC USE ONLY

10 ADDITIONAL OFFSITE PROTECTIVE ACTION RECOMMENDATIONS:

_____

APPROVED: _____ DATE: _____ TIME: _____

TROJAN CLASSIFICATION NOTIFICATION FORM

(THE CURRENT TROJAN CLASSIFICATION NOTIFICATION FORM IS LOCATED BEHIND THIS PAGE, REPLACE AS NECESSARY)

CLASSIFICATION NOTIFICATION FORM

1. Name _____ Phone _____ Organization PGE

2. Facility: Trojan

3. Type of Event: a. [ ] Emergency b. [ ] Drill

4. Date/Time:

	CLASSIFICATION STATUS	DATE	TIME
a. [ ]	Initial Classification:		
b. [ ]	Reclassification:		
c. [ ]	Termination:		

5. Emergency Classification

a. [ ] UNUSUAL EVENT b. [ ] ALERT

6. Type(s) of Incident:

a. [ ] Fire/Explosion c. [ ] Radiological e. [ ] Electrical
b. [ ] N/A d. [ ] Security
f. [ ] Other _____

Description: _____

_____

7. Release Information:

a. [ ] No Release
b. [ ] Release Est. start time of release: _____
[ ] Airborne
[ ] Waterborne Assumed duration of release: _____
c. [ ] Release Terminated

8. Meteorological Information: (N/A if there is no release)

Wind Speed: _____ mph

Direction From _____ to _____

Precipitation: [ ] Yes [ ] No

9. Off-Site Assistance Responding:

a. [ ] None
b. [ ] Ambulance
c. [ ] Fire
d. [ ] Law Enforcement

10. Prognosis

a. [ ] Unknown
b. [ ] Stable
c. [ ] Escalating
d. [ ] Improving

Emergency Coordinator: _____

Attachment 1
Page 1 of 1

FRAMATOME, A N P
INCIDENT NOTIFICATION FORM

(THE CURRENT FRAMATOME, ANP INCIDENT NOTIFICATION FORM IS LOCATED BEHIND THIS PAGE, REPLACE AS NECESSARY)

FRAMATOME ANP

INCIDENT NOTIFICATION FORM

FRAMATOME ANP RICHLAND, INC. INCIDENT NOTIFICATION FORM, Number: _____

1. This is (name) _____, at phone (509) 375-8350

2. Of the Framatome ANP facility in Richland.

3. We have an event that is an: a. __Actual emergency, b. __ Exercise.

4. The date and time of this classification status is:

Classification Status	Date	Time(24 hr)
a. __ Initial classification	_____	_____
b. __ Reclassification	_____	_____
c. __ Termination	_____	_____
d. __ PAR Change Only	_____	_____

5. The emergency classification is:

a. __ Alert/ HazMat Level 2

b. __ Site Area Emergency/HazMat Level 3

PAR REQUIRED

c. __ None

d. __ Not Yet Classified

6. The type of incident is:

a. __ Fire/explosion

b. __ Radiological

c. __ Criticality (potential/actual)

d. __ Hazardous materials

e. __ Process problems

f. __ Electrical

g. __ Security

h. __ Other

Description of Incident: [Include, as applicable, information on chemicals/ radionuclide(s) involved, physical form of released material(s), quantity/rate of release, Emergency Action Levels (EALs) pertinent to event classification.]

_____

_____

_____

_____

Framatome ANP Richland, Inc.

2101 Horn Rapids Road
Richland, WA 99352

Tel: (509) 375-8350
Fax: (509) 375-8799

7. A release:

   a. __ Is not expected.

   b. __ May start/started at (time) _____ and may last for _____ hours.

   c. __ Has been terminated.

8. The weather:

   Wind speed approximately _____ mph; direction from _____ , to _____ .

   Precipitation: __Yes, __ None.

9. Offsite assistance requested is:

   a. __ None c. __ Fire e. __ Other: _____

   b. __ Ambulance d. __ Law enforcement _____

10. The prognosis of the situation is:

    a. __ Unknown b. __ Stable c. __ Escalating d. __ Improving

11. The Protective Action Recommendation (PAR) for offsite is:

    a. __ Shelter in the 1 Mi Zone (and): _____

    b. __ Evacuate the 1 Mi Zone (and): _____

    c. __ Not applicable

12. The basis for this PAR is:

    a. __ Plant conditions d. __ Other _____

    b. __ Radiological conditions e. __ Not applicable

    c. __ Hazardous chemicals

13. Protective Actions in effect onsite are:

    a. __ Partial shelter, areas: _____

    b. __ Site-wide shelter

    c. __ Building evacuations, buildings: _____

    d. __ Site-wide evacuation

    e. __ None

Authorized by:

_____ _____ _____

Plant Emergency Director Date Time

NAVAL NUCLEAR PROPULSION PROGRAM EVENT CLASSIFICATION NOTIFICATION FORM

(THE CURRENT NAVAL NUCLEAR PROPULSION PROGRAM EVENT CLASSIFICATION/NOTIFICATION FORM IS LOCATED BEHIND THIS PAGE, REPLACE AS NECESSARY)

NAVAL NUCLEAR PROPULSION PROGRAM EVENT CLASSIFICATION/NOTIFICATION FORM

1. NOTIFICATION PROVIDED BY: Name: _____ Phone No: _____ Date: _____

2. FACILITY: ☐ BREMERTON NAVAL COMPLEX ☐ NSB BANGOR ☐ NAVSTA EVERETT

3. TYPE OF NOTIFICATION/TIME OF EVENT: a ☐ Emergency b. ☐ Drill/Exercise c. ☐ Time of Event: _____

4. CLASSIFICATION STATUS:

a. ☐ Initial Classification Time: _____
b. ☐ Follow-up classification (based on offsite surveys) Time: _____
c. ☐ Termination (Release stopped) Time: _____
d. ☐ Protective Action Recommendations: Change/Addition/Refinement Time: _____
e. ☐ Information Time: _____

5. TYPE OF EVENT:

a. ☐ Fire/Explosion (circle one) involving radioactive material
b. ☐ Reactor system (Loss of Coolant, Steam Line Rupture, Loss of Flow - if known, circle one)
YES / NO / UNKNOWN Reactor shutdown
YES / NO / UNKNOWN Reactor compartment containment set
YES / NO / UNKNOWN Ship containment set
c. ☐ Radiological (liquid spill associated with: ☐ Reactor system discharge ☐ Other: _____)
d. ☐ Transportation accident involving radioactive material. ☐ Onsite ☐ Offsite
e. Further description of event: _____.

6. PLUME STAGE EMERGENCY CLASSIFICATION LEVEL & OFFSITE PROTECTIVE ACTION RECOMMENDATIONS:

a. ☐ *UNUSUAL EVENT* *< 0.01 Rem TEDE* *< 0.05 Rem CDE Thyroid*	1. No specific action by state and local authorities or the public is required. 2. Facility monitoring teams have been dispatched offsite, if appropriate.
b. ☐ *ALERT* *0.01 to < 0.1 Rem TEDE* *0.05 to < 0.5 Rem CDE Thyroid*	1. State and Local authorities should standby. 2. No specific action by the public is required at this time. 3. Facility monitoring teams have been dispatched offsite.
c. ☐ *SITE AREA EMERGENCY* *0.1 to < 1 Rem TEDE* *0.5 to < 5 Rem CDE Thyroid*	1. Recommend steps be taken to control access and warn the general public: ☐ Establish Coast Guard Marine Safety Zone ☐ Public and private ferry traffic: _____, _____ ☐ Public and Private Buses ☐ Other: _____ 2. Recommend preparatory steps be taken for directing the general public in specific sectors to evacuate or take shelter. 3. Facility monitoring teams have been dispatched offsite.
d. ☐ *GENERAL EMERGENCY* *≥1 Rem TEDE* *≥5 Rem CDE Thyroid*	1. Recommend that the general public in specific sectors be directed to evacuate or take shelter. 2. Recommend steps be taken to control access: ☐ Establish Coast Guard Marine Safety Zone ☐ Public and private ferry traffic: _____, _____ ☐ Public and Private Buses ☐ Other: _____ 3. Facility monitoring teams have been dispatched offsite.

7. METEOROLOGICAL DATA:

Wind Direction (from): _____ degrees Wind Speed: _____ mph Precipitation: ☐ Yes ☐ No
Stability Class (Pasquill Category): A B C D E F (Circle one)

8. PROGNOSIS OF SITUATION:

a. ☐ Unknown b. ☐ Stable c. ☐ Escalating d. ☐ Improving

9. OFFSITE ASSISTANCE RESPONDING:

a. ☐ None b. ☐ Ambulance # Injured: ____ @ _____ # Contaminated/Injured _____ @ _____ c. ☐ Fire
d. Other: ☐ Coast Guard (Water Safety Zone) ☐ NAVAL STATION -Whidbey or Coast Guard (Aerial Monitoring)
☐ _____ Hospital ☐ FAA (to restrict over-flights)

EOP-2-4-3 C19 (11/03)

10. RELEASE INFORMATION:

a. Onsite Release ☐ Yes ☐ No	c. Release : ☐ Airborne ☐ Direct Radiation ☐ Waterborne (to waterways – not from fallout	d. Estimated Release Start: _____ Assumed Duration of Release: _____
b. Offsite Release ☐ Yes ☐ No	☐ Cobalt 60, or ☐ Fission Products and Cobalt 60 ☐ Elevated Release or ☐ Ground/Water level Release	e. Release Actually Terminated at _____ Actual Duration of Release: _____

f. Perimeter and Off-Site Data:

SURVEY LOCATION			RELEASE (Circle one)
_____	_____ mR/hr	at _____ (survey height) _____ Time	*During*/*After*
_____	_____ mR/hr	at _____ (survey height) _____ Time	*During*/*After*
_____	_____ mR/hr	at _____ (survey height) _____ Time	*During*/*After*
_____	_____ uuCi/100 cm^2	_____ Time	*During*/*After*
_____	_____ uuCi/100 cm^2	_____ Time	*During*/*After*
_____	_____ uuCi/100 cm^2	_____ Time	*During*/*After*
_____	_____ uCi/ml (air) (☐ Radioiodine sample?)	_____ Time	*During*/*After*
_____	_____ uCi/ml (air) (☐ Radioiodine sample?)	_____ Time	*During*/*After*
_____	_____ uCi/ml (air) (☐ Radioiodine sample?)	_____ Time	*During*/*After*
_____	_____ uCi/ml (water)	_____ Time	*During*/*After*
_____	_____ uCi/ml (water)	_____ Time	*During*/*After*
_____	_____ uCi/ml (water)	_____ Time	*During*/*After*

g. Plume Stage Dose Rates and Airborne Levels at Site Boundary:

_____ **mRem/hr (Whole Body)** _____ **uCi/ml (Radioiodine or Cobalt 60?)**

h. Plume Stage DOSE at Site Boundary: _____ **mRem (Whole Body)** _____ **mRem (Thyroid)**

i. Post-Plume Stage Dose at Site Boundary - See attached ARAC Plots:

(1) Effective Dose Equivalent (EDE) from 4 Days of Ground Shine:	_____	mRem Whole Body
(2) External Effective Dose Equivalent (EDE) from Plume Shine:	_____	mRem Whole Body
(3) Committed Effective Dose Equivalent (EDE) due to Inhalation:	_____	mRem Whole Body (primarily thyroid and lung dose)
(4) Total Effective Dose Equivalent (4 Days) (TEDE):	_____	mRem Whole Body [Sum of above (3) doses]

11. POST PLUME STAGE PROTECTIVE ACTIONS:

Generally the State and County will determine post-plume protective actions. Some common sense protective actions are:

☐ Changing / Washing Clothes ☐ Showering ☐ Opening windows to vent residences / businesses

☐ N/A